

TRAINING AID REVALIDATION

[RECALLS ONLY]

FROM: _____

DATE: _____

PHONE: _____

[COMMERCIAL]

[DSN]

[MWD CUSTODIAN USE ONLY] [***** LAB USE ONLY *****]

Serial No.	Type of Aid	Approx. Weight	Actual Weight	

CHAIN OF CUSTODY

Date / Time	Released By	Received